

Mental Health/Substance Abuse Policies
Sections 4.3.19 and 4.5.08 of the 1115 Waiver Document

Section 4.3.19 of the 1115 PCN Waiver

Mental Health

Inpatient mental health care– There is a 30-day maximum per year per enrollee for inpatient mental health care.

Outpatient mental health services/visits– There is a maximum of 30 outpatient mental health services/visits per enrollee per year for outpatient mental health care.

Substitutions– Substitution of outpatient mental health services/visits for inpatient days may be made if the enrollee requires more than 30 outpatient mental health services/visits per year, the enrollee would otherwise be hospitalized for treatment of the mental illness or condition, and in lieu of hospitalization, outpatient mental health services could be used to stabilize the enrollee. If the criteria for substitution are met, all outpatient mental health services, with the exception of day treatment (i.e., group skills development services), may be substituted at a rate of one outpatient mental health service/visit for one inpatient day. Day treatment may be substituted at a rate of two day treatment visits for each inpatient mental health day.

Example: An enrollee has utilized the maximum outpatient mental health benefit by using ten outpatient day treatment visits and 20 other outpatient mental health services. However, without continued outpatient mental health treatment, the enrollee would require inpatient mental health care. Therefore, the enrollee utilizes another 20 day treatment visits and 15 other outpatient mental health services. The 20 outpatient day treatment visits are substituted for ten inpatient days and the 15 other outpatient mental health services are substituted for 15 inpatient days. The enrollee now has five inpatient mental health days available for the remainder of the year. The enrollee discontinues outpatient mental health treatment. An additional five outpatient mental health services could be used later in the year only if the enrollee again meets the substitution criteria. Without meeting this criteria, there are no remaining outpatient mental health benefits, only the five inpatient mental health days.

Section 4.5.08

Mental Health and Substance Abuse Exclusions for the PEHP-Based Plan (The PCN Plan does not cover mental health or substance abuse services)

1. Services for conditions without manifest psychiatric or substance abuse diagnoses (i.e., conditions that do not warrant a psychiatric or substance abuse diagnosis);
2. Hypnosis, occupational or recreational therapy;
3. Office calls in conjunction with medication management for repetitive therapeutic injections;

4. Mental health evaluations for legal purposes only (e.g., for custodial or visitation rights, etc.); and
5. Hospital charges for inpatient mental health stays while patient is on leave of absence